FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

3235-0076 OMB Number: Expires: May 31, 2005 Estimated average burden 1.0 hours per response ...



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4 (6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY			
Prefix	Serial		
DATE RE	CEIVED		

	this is an amendment and name has chan	ged, and indicate change.)	
Independent Forensics of Illinoi	s, L.L.C.		
Filing Under (Check box(es) th	at apply): Rule 504 Rule 505	X Rule 506 ☐ Section	1 4(6) ULOB RECEIVED
Type of Filing: New Filing	☐ Amendment		
	A. BASIC IDE	ENTIFICATION DATA	\sim $\langle \langle g_{\rm C} \rangle \rangle \langle g_{\rm C} \rangle \rangle \langle g_{\rm C} \rangle \langle g_{\rm$
1. Enter the information request	ed about the issuer		
	this is an amendment and name has change	ed, and indicate change.)	
Independent Forensics of Illinois			
Address of Executive Offices (N	Iumber and Street, City, State, Zip Code)		Telephone Number (Including Area Code)
1960 Springer Drive, Lombard	, Illinois 60148		(866) 434-2400
Address of Principal Business (Operations (Number and Street, City, State	, Zip PAOCESSE	Felephone Number (Including Area Code)
(if different from Executive Off	ces)	1) 1100000	
Brief Description of Business		60T 9 9 900	
·	Forensic testing product development.	OCT 2 3 200	%1\\/
		THOMBON	<u> </u>
Type of Business Organization			111
☐ corporation	 limited partnership, already for 	med Final Single	
business trust	☐ limited partnership, to be forme	ed	limited liability company
		Month Ye	ar
Actual or Estimated Date of Inc	corporation or Organization:	03 0	2 📗 🖾 Actual 🗖 Estimated
lurisdiction of Incorporation of	Organization: (Enter two-letter U.S. Pos	tal Service abbreviation f	or State;
Jurisdiction of meorpolation of			THE STATE OF THE S
	CN for Canada: EN for oil	her foreign inrisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. ☐ Executive Officer ☐ Director ☐ General and/or ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address ☐ General and/or ☐ Director ☐ Executive Officer ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address ☐ General and/or ☐ Director ☐ Beneficial Owner Executive Officer ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address ☐ Director ☐ General and/or ☐ Executive Officer ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address ☐ General and/or ☐ Director ☐ Executive Officer Promoter ☐ Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address ☐ General and/or ☐ Executive Officer ☐ Director ☐ Beneficial Owner ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address** ☐ General and/or ☐ Executive Officer ☐ Director Beneficial Owner ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is none or zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt 0 \$_ Equity ☐ Common ☐ Preferred Convertible Securities (including warrants) 0 \$ Partnership Interests 479,165 479,165 \$ Other (Limited Liability Company - Series B Preferred Units 479,165 Total 479,165 \$ Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none or zero." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Security Dollar Amount Sold Type of offering Rule 505 Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees 0.00x Printing and Engraving Costs 500.00 Legal Fees \mathbf{x} 25,000.00 Accounting Fees X 10,000.00 Engineering Fees 0.00 Sales Commissions (specify finders' fees separately) 0.00 х 1,000.00 Other Expenses (identify) Travel

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total

x

36,500.00

E. STATE SIGNATURE							
262 presently subject to any of the disqualification. INGS ndix, Column 5, for state response.		Yes No □					
to furnish to any state administrator of any state is required by state law.	in which this notice is f	iled, a notice on					
BLE TO RULE 506 OFFERINGS issuer is familiar with the conditions that must be	e satisfied to be entitled	to the Uniform					
f the state in which this notice is filed and uncen of establishing that these conditions have been some TO RULE 506 OFFERINGS	derstands that the issusatisfied.	er claiming the					
s the contents to be true and has duly caused this n	otice to be signed on its	behalf by the					
Signature	Date	/					
factalehm	7/4/2	<u>806</u>					
	/						
	to furnish to any state administrator of any state is required by state law. to furnish to the state administrators, upon writte BLE TO RULE 506 OFFERINGS is issuer is familiar with the conditions that must but the state in which this notice is filed and under of establishing that these conditions have been so the contents to be true and has duly caused this notice.	262 presently subject to any of the disqualification provisions of MINGS and ix, Column 5, for state response. to furnish to any state administrator of any state in which this notice is for sequired by state law. to furnish to the state administrators, upon written request, information for the state in which the conditions that must be satisfied to be entitled if the state in which this notice is filed and understands that the issure of establishing that these conditions have been satisfied. BLE TO RULE 506 OFFERINGS as the contents to be true and has duly caused this notice to be signed on its signature. Date Title of Signer (Print or Type)					

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX								
1	Intend to r accre invest		Type of Security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ			\$		\$		\$		
NE	ļ		\$		\$		\$		
NV			\$		\$		\$		
NH			\$		\$		\$		
NJ		-	\$		\$		\$		
NM			\$ \$		\$		\$		
NY	<u> </u>		\$		\$		\$		
NC			\$		\$		\$		
ND			\$		\$		\$		
ОН			\$		\$		\$		
ОК			\$		\$		\$		
OR			\$		\$		\$		
PA			\$		\$		\$		
RI			\$		\$		\$		
SC			\$		\$		\$		
SD			\$		\$		\$		
TN			\$		\$		\$		
TX			\$		\$		\$		
UT			\$		\$		\$	 	
VT			\$		\$		\$	<u> </u>	
VA			\$		\$		\$	<u> </u>	
WA			\$		\$		\$	1	
WV	-		\$		\$		\$	1-	
WI			\$		\$		\$		
WY PR			\$		\$		\$		
FOR		Х	\$ 479,165	5	1\$ 479,165		-	0	
	Totals	as of _		11	\$ 479,165	0	\$	<u>o</u>	